

IMPORTANT

Remember to include your e-mail address when completing your application.

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure.

Some of our forms have not yet been modified to include e-mail addresses. If the attached form does not include an area in which to enter your e-mail address, or if you need more room, please write your e-mail address on the line below and attach this page to the front of your application. Thank you.

E-Mail:



GEORGIA BOARD OF NURSING

Professional Licensing Boards Division

P.O. Box 13446

Macon, Georgia 31208

Telephone: (478) 207-2440

Fax: (478) 207-1660

Web Site: www.sos.georgia.gov/plb/rn

Information Sheet for Licensure by Exam for US Graduates Registered Professional Nurse

RN APPLICATION FOR LICENSURE BY EXAM: GENERAL INFORMATION

The following instructions are provided to assist you in completing your application for licensure by exam (NCLEX). Read all instructions carefully and respond to each question on your application. A question that is not applicable should be responded to as N/A. For assistance, phone (478) 207-2440.

You are responsible for ensuring that all information required to apply for licensure by examination is received by Georgia Board of Nursing (the "Board"). Assistance with the application process by any third party will in no way lessen your responsibility. Failure to follow procedures may delay your eligibility to take the NCLEX-RN (National Council Licensure Examination for Registered Nurses).

APPLICATIONS INSTRUCTIONS

Legal Name: The name on the application submitted to the Georgia Board of Nursing must be the same form of your name submitted to the testing service on your NCLEX examination registration form. If the name is not the same on all forms, please provide the Board with the necessary legal documentation. Your picture identification that you will present at the test center must match the name on your licensure application.

U.S. Social Security Number: This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §§19-11-1 et seq. and O.C.G.A. §§20-3-295 et seq., 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

Board Disciplinary Actions/Legal Convictions: If you respond "yes" to the legal/discipline question include the certified copies in an envelope sealed by the court or agency involved with the application. Be sure to include the notarized detailed explanation of each offense with the application.

Passport Photo: Enclose a passport photograph (2X2 inches) with your application. You must sign the front of your photograph and the Nurse Administrator must sign on the back. **Tape top side only of photograph to the application.** The Nurse Administrator must include her/his position title and registration (license) number on the back of the photograph.

Official Transcript: An official (sealed) transcript that includes **your graduation date and the degree conferred** from an approved nursing program must be submitted with your application to the Board.

Nurse Administrator Information: Item No. 16 must be completed by the Nurse Administrator of your nursing program.

APPLICATION FEE

The \$40.00 **non-refundable** application fee (certified check, cashier's check or money order) must be made payable to: Georgia Board of Nursing. Mail your application with fee.

DISABILITY

If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES. Please be aware that this request may extend the application process for an additional 40-60 days to obtain the necessary approvals.

TEMPORARY PERMITS

NOTE: No temporary permits are issued for graduates. Following graduation, you must not engage in any "licensed" activities or work in any position that requires RN licensure or commence orientation for any position that requires RN licensure until you have received your RN license. Graduate Nurse status is no longer available.

NCLEX-RN REGISTRATION

In addition to applying for licensure to Georgia Board of Nursing, you must register and pay the examination fee to the testing service. You can link to the Candidate Bulletin at www.ncsbn.org. You can register with the testing service online at www.pearsonvue.com/nclex. Your review process eligibility to test status will be delayed if you have not registered with the testing center when your application is initially reviewed by the board staff. Entering the correct school code is critical, do not leave blank or enter the wrong code for your educational program. NOTE: A school with more than one type of RN educational program may have more than one code so carefully select the correct code for the candidate bulletin.

EXAMINATION RESULTS

Your examination results will only be mailed to your address of record. Notify us immediately in writing if you have an address change or name change. The name change requires legal documents. NO EXAMINATION RESULTS WILL BE GIVEN BY TELEPHONE FROM GEORGIA BOARD OF NURSING. Score results will be mailed approximately (1) one month after the examination.

DISCIPLINARY REVIEW

Your application is subject to Board review if you answered yes to any Legal/Discipline question. A passing score does not ensure licensure.

TO RE-APPLY

If you do not pass the NCLEX-RN, you may access the web site at www.sos.ga.gov/plb/rn/ for a Repeat Application for Licensure by Exam or contact the Georgia Board of Nursing at (478) 207-2440 for a Repeat Application for Licensure by U.S. Exam. **NOTE: Repeat writers are eligible to retest 91 days after the last test date.**

TIME LIMIT ON PASSING NCLEX-RN

You must pass the NCLEX-RN within a three (3) year period from the date of your graduation.

LICENSURE

A wallet-sized pocket card/license will be issued when the NCLEX-RN is passed and licensure is approved. The license will display your permanent Georgia registration number that is preceded by the letters "RN". This number must be used on all correspondence addressed to the Board and will not change during one's lifetime.

RENEWAL

Upon receipt of your original pocket card, **note the expiration date.** A renewal notice will be mailed to your last known address prior to the expiration of your license. Failure to receive a renewal notice will in no way relieve your legal obligation to renew your license prior to the expiration date. **It is your responsibility to renew your license.**

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA BOARD OF NURSING
 Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440
www.sos.georgia.gov/plb/rn

APPLICATION FOR LICENSURE AS A REGISTERED PROFESSIONAL NURSE BY EXAMINATION FOR U.S. GRADUATES

License Type: (X) Initial RN

Method Obtained by:
 () U.S. Graduate

Part I: Personal Information:

1. Legal Name to
appear on License:

LAST FIRST MIDDLE MAIDEN

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

LAST FIRST MIDDLE MAIDEN

3. Social Security #: _____ Date of Birth: M M - D D - Y Y Y Y

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

4. Gender: ☐ Male ☐ Female Race: _____ Ethnicity: _____ (Hispanic or Latino) _____ (Not Hispanic or Latino)

5. Residential (Physical)

Address:

NUMBER AND STREET (P.O. BOX NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

6. Mailing

Address:

(*ADDRESS WILL APPEAR ON WEBSITE) NUMBER AND STREET (P.O. BOX ACCEPTABLE)

APT #

CITY

STATE

ZIP

7. Daytime Phone #:

Evening Phone #:

8. E-mail Address: _____ Fax Number: _____

9. ☐ I am a U.S. citizen ☐ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must complete the attached form, **DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**, and provide required documentation.

10. Country of Birth: _____

You must immediately notify the Board in writing of address changes. *Pursuant to O.C.G.A. 43-1-2 (k) your name, mailing address and license number are public information.

EDUCATIONAL INFORMATION

9. Nursing Program:

Name of School

Address (City and State)

Zip Code

Date Graduated: _____
Month/Year

Nursing Education Program Code _____
(Obtain from NCLEX Candidate Bulletin)

10. Nursing Degree Conferred:

- | | |
|---|---|
| <input type="checkbox"/> Associate Degree in Nursing | <input type="checkbox"/> Doctoral Degree in Nursing |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Bachelor of Science in Nursing | |
| <input type="checkbox"/> Master's Degree in Nursing | |

OFFICIAL TRANSCRIPT

11. Official Transcript: An official sealed transcript verifying your graduation date and degree conferred from an approved nursing program **must be submitted with this application.**

Have you included an official sealed transcript? ☐ No ☐ Yes

PREVIOUS APPLICATION INFORMATION

12. Have you ever previously applied to take a licensing examination to become a registered nurse in this or any other state? ☐ No ☐ Yes

(If NCLEX was taken in a state other than Georgia, request the state board to send the NCLEX scores to you in a sealed envelope to be included with your application.)

If Yes, in which state(s) have you taken the National Council Licensure Examination (NCLEX-RN)? Use additional sheets of paper if needed. Record your name and SSN on each additional sheet of paper.

State	Date	State	Date

PREVIOUS DISCIPLINARY AND CRIMINAL CONVICTION INFORMATION

13. Board Disciplinary Actions/Legal Convictions: Answer **BOTH** Questions:

A. Have you ever been arrested, convicted, sentenced, plead guilty, plead nolo contendere or given first offender status which is: (a) a misdemeanor; (b) a felony; (c) a crime involving moral turpitude; (d) a crime violating a federal law involving controlled substances, dangerous drugs or a DUI /DWI; (e) any offense other than a minor traffic violation? **Note: Even if probation completed or first offender status granted.**

☐ No Yes ☐

If **“yes”**, have you included a **certified copy** of the court records and final disposition in a **sealed envelope from the court** with your application?

☐ No Yes ☐

Have you included a **personal, detailed notarized letter** explaining each incident? ☐ No Yes ☐

B. Has any licensing board or agency in Georgia or any other state ever:

(a) denied your application, for licensure, renewal or reinstatement? ☐ No Yes ☐

(b) revoked, suspended, restricted or probated your license? ☐ No Yes ☐

(c) requested or accepted surrender of your license? ☐ No Yes ☐

(d) reprimanded, fined or disciplined you? ☐ No Yes ☐

If **“yes”**, have you included a **certified copy** of that board or agency's action against your license with Relevant supporting documents in a **sealed envelope from the board or agency** with your application?

☐ No Yes ☐

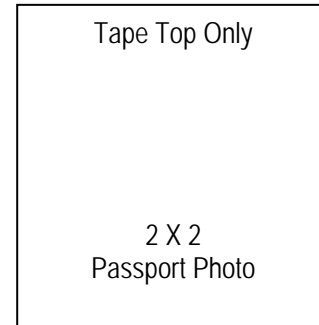
Have you included a **personal, detailed notarized letter** explaining each incident? ☐ No Yes ☐

Provide the name of the agency or board in the space provided.

Name of agency or board

PASSPORT PHOTO

- 14. Passport Photograph:** Please provide one recent (within the last six (6) months) passport photograph of yourself to fit the space on the right. Show head and shoulders only. Sign the bottom of the photograph. The Nurse administrator of your nursing program must sign the back in ink and add her/his license number and position title. Tape top-side only of passport photograph to the application.



CERTIFICATION BY APPLICANT

- 15.** The facts set forth in this application in this application for licensure as a registered nurse is true and complete to the best of my knowledge. I understand false statements on this application may be considered sufficient cause for denial of licensure. The Georgia State Board of Nursing is hereby authorized to request any criminal history or additional information concerning me from any state or local criminal justice agency.

(Applicant's Full Name - Printed)

(Signature of Applicant)

(Date Signed)

State of _____

County of _____

(City/Zip)

Being duly sworn, says that he/she is the person who executed the above application for a certificate that are true in every respect. **Applicant signature and notarization should occur on the same date.**

Sworn to and subscribed before me this

_____ day of _____, 20_____.

(Notary Public)

My Commission Expires _____

(seal)

CERTIFICATION BY NURSE ADMINISTRATOR

16. To be completed by the Nurse Administrator:

I, _____, certify that
Nurse Administrator (Printed Name)

Last	First	Middle	Maiden
------	-------	--------	--------

has graduated from the state board-approved nursing education program indicated below and is recommended as a candidate for the licensing examination.

Nurse Administrator Signature

License Number

Name of Nursing Program

NCLEX-RN Program Code (can obtain from NCLEX Candidate Bulletin)

School Address

City

State

Zip Code

Date Application Signed Nurse Administrator

Mail this form and fee to: Post Office Box 13446, Macon, GA 31208. DO NOT SEND CASH. Make certified check or money order payable to the Georgia Board of Nursing.

Have you...

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Have you paid the fee and registered with the testing service for the NCLEX-RN examination? If not, do so promptly.<input type="checkbox"/> Is the name you registered with the test service exactly as you have listed it on your licensure examination application? | <ul style="list-style-type: none"><input type="checkbox"/> Answered every question or indicated "Not Applicable"?<input type="checkbox"/> If you responded "Yes" to either the previous disciplinary questions or criminal activity questions, have you included your Letter of Explanation and certified documents in an enveloped sealed by the court or agency involved or requested that the certified documents be sent directly to the Georgia Board of Nursing with your application.<input type="checkbox"/> Include official sealed transcript. |
|---|---|



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA STATE BOARD OF NURSING
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I authorize the **Georgia Board of Nursing** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please indicate below which documentation you will submit to show proof you are a qualified alien under the Federal Immigration and Naturalization Act.

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

(Applicant's Signature)

(Date)